

Family Child Care Types of Care

Extended Duty Care (EDC)

The EDC program is designated to assist families when weekly parental workloads due to extended duty hours, exceed the normal operating hours of the facility where they are already purchasing full-time care.

Eligibility requirements:

- Member of Military Service Active Duty, Reserve/Guard
- Assigned to or working on the installation
- No other adult in the household available to provide care
- Must be purchasing full-time care
- Completed AF FCC ECC Request

Subsidy (SUB)

The SUB Program is designed to assist family's utilization of an FCC home and pay the same weekly fee they would be charged for child care in an Air Force Child Development Center (CDC) or Air Force School-Age Care (SAC).

Eligibility requirements:

- Member of Military Service Active Duty, Reserve/Guard
- Member in activated status and DoD civilians
- All adults living in the household must be either working or enrolled in school
- Completed AF FCC ECC Request

Deployment Childcare Support

AF FCC ECC offers three types of child care to support deployments: Pre-Deployment Child Care (PDCC), Deployment Child Care (DCC), and Returning Home Care (RHC). Each of these programs provide 16 hours of child care per child.

PDCC-Prior to Deployment

DCC-during Deployment

RHC-Returning from Deployment

Eligibility requirements:

- Member of the Military Service
- Active Duty or Reserve/Guard Member in activated status
- Assigned to or working on the installation
- Deployed in support of a contingency operation
- Deployed for a minimum of 30 calendar days or personnel who routinely deploy on a short-term basis (cumulative of 30 days in a 6 month period)
- Copy of deployment orders

Emergency Medical Care (EMC)

The EMC Program is designed to assist families who are experiencing a medical situation with an immediate family member.

Eligibility requirements:

- Member of the Military Service
- Active Duty or Reserve/Guard Member in activated status
- Assigned to or working on the installation
- No other adult in the household available to provide care
- Medical statement for immediate family member
- Completed AF FCC ECC Request

For more information, please contact Mrs. Dana Williams at 728-6715, or e-mail dana.williams@us.af.mil

***** All requests need to be made one week in advance to confirm care *****

Air Force Family Child Care Expanded Child Care (AF FCC ECC)

AF FCC Subsidy – complete only if applicable – I am requesting enrollment in the AF FCC Subsidy Program. I understand I am required to be on the waiting list for either the CDC or SA Program (if applicable). If I am offered a full-time space in the CDC or SA Program and I decline the space and there is no active waiting list (meaning another child/youth to take the space), then AF FCC Subsidy is discontinued.

Parent Signature _____

Date _____

AF FCC EDC

I am required to work in support of mission requirements. There is no one else in my home available to provide care during the hours that I am required to work. For Missile and Supplemental Care, provide a copy of your monthly work schedule(s). **Minimum 24 hours prior notification is required to cancel or payment to provider will be required.**

_____ Extended Duty Care
_____ Supplemental

I purchase regular child care from (Circle one) : **CDC FCC SA Program Other**

I meet the requirements to use the following program:

_____ Pre-Deployment Child Care - I am scheduled to deploy within 30 days. Provide a copy of orders with request.

_____ Deployment Child Care – My spouse is deployed for 30 days or more. Provide a copy of orders with request.

_____ Returning Home Care - I am returning from a deployment of 30 days or more.

_____ Medical Care - I am experiencing a medical emergency for a family member.
Approval required by AFPC/SVPYC.

_____ Permanent Change of Station Child Care – I am an Army, Marine, or Navy member assigned to an active-duty AF Installation and I am requesting 20 hours of child care during my PCS move.

Parent Signature _____ Date _____

Parent's e-mail address _____ Duty Number _____

Home/Phone Number _____

Supervisor's Signature _____ Duty Phone _____

Date _____

CHILD'S NAME: _____ BIRTHDATE: _____
Month/Day/Year

CHILD'S NAME: _____ BIRTHDATE: _____
Month/Day/Year